

PERSONAL STATUS CHANGES INSTRUCTIONS

Read instructions carefully. An incomplete or incorrectly completed application may not be processed.

This form is not to be used for certification or recertification.

STEP 1: IDENTIFYING INFORMATION (This part of the application must be completed.)

Fill in your Department of Health registry number (assigned by the Office of Emergency Medical Services and Trauma System), telephone number, date of birth, name and address. If your name has changed, include your **Previous Name** where indicated.

STEP 2: CERTIFICATION LEVEL (This part of the application must be completed.)

Indicate your current certification level.

STEP 3: PERSONAL STATUS CHANGES (This part of the application must be completed.)

Indicate all appropriate changes.

- **Add Agency:** You will keep your current EMS agency of record, and want to *add* another EMS agency to your record.
- **Change Agency:** You are no longer with your previous EMS agency, and want to *change* to a different EMS agency of record.
- **Change Address:** Your personal address of record has changed.
- **Change Name:** The name under which you have been legally known has changed. Please provide legal documentation i.e., marriage license, court order, valid photo I.D., Social Security Card, etc.

STEP 4: EMS SUPERVISOR STATEMENT (required when changing and/or adding agencies.)

- A. Fill in the name and license number of the EMS agency you are adding or changing to. If you do not know the agency license number, ask your supervisor.
- B. Obtain the signature and date of your EMS supervisor with this agency.
- C. Indicate whether you are ***Paid*** or ***Volunteer*** with this agency.
- D. Indicate whether this will be your ***Primary Agency***. “Primary” is the agency where you obtain the majority of your EMS activity and continuing medical education (CME) credits.

STEP 5: COUNTY MEDICAL PROGRAM DIRECTOR (MPD) STATEMENT (required when changing and/or adding counties, and when a provider returns to active agency affiliation)

Obtain the signature and date of your county MPD. Please contact your supervisor or local EMS coordinator for assistance.

STEP 6: APPLICANT STATEMENT (This part of the application must be completed.)

You must sign and date your application attesting to the accuracy of the information you have provided. Your application is not complete if you have not signed it. **NOTE: The application is valid for a period of six months from the date the applicant signs the form.**

If you have any questions regarding this form, please contact:

1-800-458-5281, Extension 1 or (360) 236-2845

Office of Emergency Medical Services & Trauma System website: www.doh.wa.gov/hsqa/emstrauma/

VOID IF ALTERED

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